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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755426** **(4)**

1. Corporation Name

MEADOWLARK COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 08062 FT MYERS FL 33908 US	PO BOX 08062 FT MYERS FL 33908 US

3. Date Incorporated or Qualified: 12/08/1980

4. FEI Number: 59-2121703 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGARA, HARRY C.
11922 QUAIL RUN DRIVE
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: JEAN G. SPRAGUE
82 Street Address (P.O. Box Number is Not Acceptable): 10831 MEADOWLARK COVE DRIVE
83
84 City: FT. MYERS **FL** 85 Zip Code: 33908

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jean G. Sprague (JEAN G. SPRAGUE) 1-12-98
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	MEGARA		1.2 NAME	JEAN SPRAGUE	
STREET ADDRESS	11922 QUAIL RUN DRIVE		1.3 STREET ADDRESS	10831 MEADOWLARK COVE DR.	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	RAMPONE, GLORIA		2.2 NAME	LISA DEGIORGIO	
STREET ADDRESS	10917 MEADOWLARK COVE DR		2.3 STREET ADDRESS	10907 MEADOWLARK COVE DR.	
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPRAGUE, JEAN		3.2 NAME		
STREET ADDRESS	10831 MEADOWLARK COVE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAMPONE, HENRY		4.2 NAME		
STREET ADDRESS	11882 QUAIL RUN DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, LILLIAN		5.2 NAME		
STREET ADDRESS	10801 MEADOWLARK COVE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean G. Sprague REQUIRED 1-12-98 941-437-1293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #